

**INITIAL STATEMENT OF REASONS
FOR THE PROPOSED CHANGES TO THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT'S (OSHPD)
REPORTING REQUIREMENTS**

CCR Section 90417(c):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection is added to specify the ongoing special fee for freestanding ambulatory surgery clinics as defined in Health and Safety Code 128700(e).

WHAT THE PROPOSED REGULATORY CHANGE DOES

The new text establishes the special fee at an amount equal to the number of ambulatory surgery data records submitted to OSHPD pursuant to Section 128737 for encounters in the preceding calendar year multiplied by fifty cents (\$0.50).

NECESSITY FOR THE CHANGE

Existing statute, Health and Safety Code Section 127280(f) sets the fee as "...not more than fifty cents (\$0.50)" per encounter submitted. This change sets the fee at fifty cents (\$0.50) per encounter submitted.

CCR Section 97210(a):

SPECIFIC PURPOSE OF THE CHANGE

New text is added to emphasize that time-sensitive notifications will be sent to the contact person.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The new text adds several items of time-sensitive electronic mail that will be sent to the contact person.

NECESSITY FOR THE CHANGE

Experience with facilities has demonstrated a clear need for a list of time-sensitive electronic communications that will be sent to the primary contact person. The list emphasizes the need for a contact person. It is hoped that this will encourage facilities to keep their contact information current.

CCR Section 97227:

SPECIFIC PURPOSE OF THE CHANGE

The text revision is needed to prevent duplicate reporting of an E-code for an external event causing an injury, poisoning, or adverse effect.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The text revision will clarify which record should be used for reporting the E-code. A record has already been defined in Section 97212(u) as any reporting entity's record (hospital emergency department (ED), or hospital ambulatory surgery (AS), or freestanding ambulatory surgery center (ASC), or hospital inpatient). The current text could allow duplicate reporting of E-code on the external cause by reporting facilities because, in some instances, an E-code might be reported both by the inpatient and by the ED or AS record. The text revision will improve the quality of the data by reducing over-reporting of E-codes.

NECESSITY FOR THE CHANGE

The text revision is needed to prevent duplicate reporting of E-codes for the external cause of the injury, poisoning, or adverse effect. In some instances, the same E-code could be reported twice, once on the inpatient and also on the ED or the AS record. The text revision will improve the quality of the data by reducing the possible over-reporting of E-codes. The text revision clarifies that if the E-code was previously reported by a reporting facility (hospital ED, or hospital AS, or freestanding ASC, or hospital inpatient) it is not to be reported again on the inpatient discharge record.

CCR Section 97240(c):

SPECIFIC PURPOSE OF THE CHANGE

The proposed No Data to Report form (OSHDP 2005.1) allows a reporting facility to officially state that it does not have any discharges or encounters or procedures to report for a stated report period.

WHAT THE PROPOSED REGULATORY CHANGE DOES

New subsection (c) is added to require the proposed No Data to Report form to meet the obligation to report in the event that a reporting facility does not have any discharges or encounters or procedures to report.

NECESSITY FOR THE CHANGE

Facilities have contacted OSHPD to state that they did not have any discharges or encounters or procedures to report for a specific reporting period. This online form was developed to meet the need to report when there are no records to be reported for a specific report period. The form meets internal requirements to track that either a report or a No Data to Report form has been filed for each and every reporting facility each report period. Reminder letters and penalty letters are currently automatically generated by the MIRCAl system when no report has been filed.

This form can be used to inform OSHPD and prevent inaccurate or appropriate mailings from being generated and sent.

CCR Section 97240(d):

SPECIFIC PURPOSE OF THE CHANGE

This text is added to clarify that the No Data to Report form is not required from a facility if a reportable (as specified in Section 97213(a)) type of care is not included on the hospital license or the facility is not licensed as a surgical clinic.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The text clarifies that only those facilities who are licensed for, but who do not have, discharges or encounters or procedures to report for a specific report period should use the No Data to Report form.

NECESSITY FOR THE CHANGE

This text is added for clarification. The need for the form itself has become apparent over several report periods where some facilities have not had any data to report. Completion of this form allows OSHPD and the MIRCal system to identify for which facilities there is no further need to e-mail data submission reminders, delinquency notices, or penalty letters.

CCR Sections 97241(a)(1)(A),(B),and (C); and (a)(2):

SPECIFIC PURPOSE OF THE CHANGE

For clarification, this change removes obsolete text both in the regulations and on the official paper form (DD1805, revised and incorporated by reference) referring to the requirement for written justification for the use of extension days. An online extension request form is proposed for ease of requesting extension days and online notices of approval or rejection are established.

Text is added to inform facilities that extension information will be e-mailed and is available on the MIRCal system Submission Status screen. There is text stating that e-mail notices are sent to the primary contact, the Administrator, and Designated Agent (if applicable) e-mail addresses that are provided by the facility.

Subsections (a)(1)(A), (B), and (C), describing discontinued requirements for extension request justifications, are deleted.

Text in subsection (a)(2) describing the denial notice procedure, is deleted because denial notice is now described in (a)(1). Additionally, OSHPD no longer needs to set forth any further basis for denial because (a)(2) allows OSHPD to deny an extension request if that request would exceed the maximum number of days available for the report period.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The change removes text referring to the need to provide written justification for the use of extension days, adds an online form to be used to request the use of extension days, and establishes an online notice of approval or rejection. Denial of an extension request by OSHPD is allowed if the extension would exceed the maximum number of days available for the report period.

Text is added to inform facilities that extension information will be e-mailed and is available on the MIRCal system Submission Status screen.

Text on extension denial notices is move (a)(2) is relocated to (a)(1).

NECESSITY FOR THE CHANGE

With the advent of the MIRCal system, the intent is that reports be submitted and formally approved by the original due date. Now that the maximum number of extension days has been reduced to 14, facilities no longer have a need to submit or renew justifications. Similarly, OSHPD is not tracking the progress of the facility by reviewing repeated request justifications. The reporting facility's action to request the short extension is sufficient and the process has been streamlined. When a report is submitted via the MIRCal online submission system and is rejected within 7 days of the original due date or at any time after the original due date, an automatic extension is granted to the facility if there are days available in their extension balance. To achieve even greater efficiency, OSHPD proposes to allow an online extension request function that would allow a facility to request (and be granted) an extension up to the number of extension days remaining in their balance without justification. This would allow immediate, automated feedback of an approval or a denial based on days available and would be an alternative to the manual process of mailing or FAXing an extension form and waiting for written approval or denial via mail or FAX from OSHPD staff available only during normal business hours.

Text is added to inform facilities that extension information will be e-mailed and is available on the MIRCal system Submission Status screen.

Unnecessary text should be removed. Brief text in (a)(2) on approval or denial procedures should be moved and more properly placed in (a)(1).

CCR Section 97241 Reference Citation:

SPECIFIC PURPOSE OF THE CHANGE

The reference citation is corrected.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The reference has been corrected such that the appropriate reference is now cited.

NECESSITY FOR THE CHANGE

The sections of the Health and Safety Code that were cited were incorrect.

CCR Section 97244(c):

SPECIFIC PURPOSE OF THE CHANGE

The purpose of the revisions is to bring the Emergency Care Data Record Manual Abstract Reporting Forms (OSHPD 1370.ED) back into conformity with the National Standard definitions that were updated by the National Uniform Billing Committee (NUBC), the designated standard maintenance organization.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed text revisions bring OSHPD 1370.ED back into conformity with the updated text that resulted from NUBC action on February 23, 2005. Three disposition code descriptions (see changes below to CCR Section 97264) were updated and became effective for healthcare providers as of February 23, 2005. A fourth code was deleted and a fifth code was added effective with January 2006 data.

NECESSITY FOR THE CHANGE

The additional code has been allowed, but not required, for encounter data captured and submitted through the MIRCal system after February 23, 2005. The deleted code needs to be deleted from the encounter data definition and related form. OSHPD must update its forms to remain in conformity with the National Standard definition for the data element. OSHPD, although mandated to follow national standards where appropriate, has no discretion regarding NUBC updates to codes or descriptions used on MIRCal forms for Emergency Department records.

CCR Section 97244(d):

SPECIFIC PURPOSE OF THE CHANGE

The purpose of the revisions is to bring the Ambulatory Surgery Data record Manual Abstract Reporting Forms (OSHPD 1370.AS) back into conformity with the National Standard definitions that were updated by the National Uniform Billing Committee (NUBC), the designated standard maintenance organization.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed text revisions bring form OSHPD 1370.AS back into conformity with the updated text that resulted from NUBC action on February 23, 2005. Three disposition code descriptions (see changes below to CCR Section 97264) were updated and became effective for healthcare providers as of February 23, 2005. A fourth code was deleted and a fifth code was added effective with January 2006 data.

NECESSITY FOR THE CHANGE

The additional code has been allowed, but not required, for encounter data captured and submitted through the MIRCal system after February 23, 2005. The deleted code needs to be deleted from the encounter data definition and related form. OSHPD must update its forms to remain in conformity with the National Standard definition for the data element. OSHPD, although mandated to follow national standards where

appropriate, has no discretion regarding NUBC updates to codes or descriptions used on MIRCal forms for Ambulatory Surgery records.

CCR Section 97246(b):

SPECIFIC PURPOSE OF THE CHANGE

Changes to the hardcopy Agent Designation Form (OSHDPD 1370.3) include minor grammatical improvements, the addition of a FAX number, the addition of "ID" to the "Facility Number" information box, check-boxes to designate specific data types being reported, and a new revision date.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The changes make the form more detailed, more accurate, and easier to use.

NECESSITY FOR THE CHANGE

The form is now easier to understand and complete.

CCR Section 97246(d):

SPECIFIC PURPOSE OF THE CHANGE

Changes to the Emergency Care Data Record Manual Abstract Reporting Form (OSHDPD 1370.ED), Ambulatory Surgery Data Record Manual Abstract Reporting Forms (OSHDPD 1370.AS), and Individual Facility Transmittal Form (OSHDPD 1370.1) comprise check-boxes to specify data type being reported, a checkbox for diskette or CD-ROM, and a new revision date.

WHAT THE PROPOSED REGULATORY CHANGE DOES

Changes to these forms specify the data type being reported which is useful information for OSHPD.

NECESSITY FOR THE CHANGE

The revised forms are more accurately worded and more useful to OSHPD.

CCR Section 97246(e):

SPECIFIC PURPOSE OF THE CHANGE

The name of the form is changed from Agent's Transmittal Form (OSHDPD 1370.2) to Designated Agent Transmittal Form which more accurately describes the intended users. Changes also include adding a column to specify data type being reported and stating the form's new revision date.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The update changes the name of the form from Agent's Transmittal Form to Designated Agent Transmittal Form and adds a column to specify data type being reported and gives an updated revision date.

NECESSITY FOR THE CHANGE

The new name is more descriptive and there is a need to specify data type being reported. The updated revision date allows users to know that this is the most recent form.

CCR Section 97246(f):

SPECIFIC PURPOSE OF THE CHANGE

The intent is to simplify the name of the role of User Account Administrators, revise the User Account Administrator Agreement Form (OSHDP 2002.1) to match, revise several items on the form, and state a new revision date for the form. Form revisions include removing the word "Facility" from the title, specifying that the Facility Number is the Facility ID Number, add a request for the credentials of the person completing the form, add a field for the supervisor's name, and effect a numerical resequencing of selected items on the form. The text explaining MIRCAl User Roles has been revised in order to be easier to understand. Text requiring a signed original of the form was also updated.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The changes include several text changes and a revised title (removing the word "Facility" from the title) and revision date for the form. Revisions also specify that the Facility Number is the Facility ID Number, and request both the credentials of the person completing the form as well as the supervisor's name. Some numerical resequencing of items on the form is required. The text explaining MIRCAl User Roles is revised in order to be easier to understand. Text requiring a signed original of the form was also updated.

NECESSITY FOR THE CHANGE

The updated text and revised title make the form streamlined and more useful. The form's details are needed for efficient communication between OSHDP and those individuals responsible for meeting reporting requirements. The updated revision date allows users to know that this is the most recent form.

CCR Section 97246(g):

SPECIFIC PURPOSE OF THE CHANGE

The intent is to make several text changes and to insert a revision date for the Designated Agent User Agreement Form (OSHDP 2002.2). New form items include a request for the credentials of the person completing the form, their position title, a field for the supervisor's name, and numerical resequencing of several items on the form.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The text changes and a new revision date for the form clarify what information is needed and which version of the form is current.

NECESSITY FOR THE CHANGE

The updated text makes the form more useful to OSHPD. The form's details are needed for efficient communication between OSHPD and those individuals responsible for meeting reporting requirements. The updated revision date allows users to know that this is the most recent form.

CCR Section 97250:

SPECIFIC PURPOSE OF THE CHANGE

The purpose of the change is to establish a standard length of time following each original due date after which no more data would be accepted by OSHPD's MIRCal system for that report period. This is part of the MIRCal system completion and closure of each report period. OSHPD is authorized by the California Health and Safety Code, Section 128755 (c)(3), (d), and (e) to determine when reports should be filed. OSHPD has determined that there are technical concerns that require not only a data submission beginning date but also require a data submission end date that would apply to each of the ten MIRCal report period due dates in every calendar year.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed change consists of prescribing a date after which no more data would be accepted for each report period. This date is 60 days after the prescribed due date. Additional language clarifies that no additional penalties would accrue for outstanding reports after the MIRCal closure for a report period.

NECESSITY FOR THE CHANGE

MIRCal now has ten due dates for three report types each calendar year. This increase occurred with the addition of four (quarterly) Emergency Department data due dates and four Ambulatory Surgery data due dates to the previous two (semi-annual) Hospital Discharge Data due dates. System program updates, scheduled maintenance, and technical testing concerns require a period of "down-time" when MIRCal is unavailable to data submitters. The pacing of the frequent closures and reopenings has accelerated to accommodate these additional report periods, report types, and due dates. Database completion and public dissemination requires that there be a date after which no more records can be added thus ensuring that internal products, external analyses, and other data activities work with the same data base. Approving late data on a never-ending basis would require major system enhancements, system capacity, function expansion, and potentially numerous iterative updates to data products which are all time-consuming and costly beyond OSHPD's funded resources and capabilities. Closing the report period 60 days after the prescribed due date gives OSHPD time needed to complete report period closure tasks, turn the databases over for public

dissemination, and focus limited time and staff resources on preparations for opening the next report period.

It should be noted that MIRCal is available for data submission for at least 30 days before each prescribed report period due date and that this information is widely distributed to all affected facilities via e-mail, calendars, reminder notices, and numerous postings on the homepage of the OSHPD website as well as the detail web pages for MIRCal. The 60 days after the prescribed due date of each data submission period would not have excluded any data in any report period thus far in the first two years of MIRCal implementation and is, therefore, a reasonable proposal for an ending date. Prescribed due dates for quarterly data are only 90 days apart. The subsequent report period would be opening as the former report period closes.

CCR Section 97260:

SPECIFIC PURPOSE OF THE CHANGE

The text revision is needed to prevent duplicate reporting of E-codes of an external event causing an injury, poisoning, or adverse effect in the Principal External Cause of Injury field of ED or AS records.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The text revision will clarify which record should be used for reporting the E-code if the patient is seen in more than one healthcare setting. A record has been defined in Section 97212(u) as any reporting entity's record (hospital ED, hospital AS, freestanding ASC, or hospital inpatient). The current text could be interpreted to allow duplicate reporting of E-codes of an external event causing an injury, poisoning, or adverse effect.

NECESSITY FOR THE CHANGE

The text revision is needed to prevent duplicate reporting of E-codes of an external event causing an injury, poisoning, or adverse effect. The text revision will improve the quality and integrity of the data by reducing the possible over-reporting of E-codes and by clarifying that if the E-code was previously reported by a reporting facility (hospital ED, hospital AS, freestanding ASC, or hospital inpatient site) it is not to be reported again.

CCR Section 97261:

SPECIFIC PURPOSE OF THE CHANGE

The text revision is needed to prevent duplicate reporting of E-codes of an external event causing an injury, poisoning, or adverse effect in the Other External Causes of Injury fields of ED or AS records.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The text revision will clarify which record should be used for reporting the E-code if the patient is seen in more than one healthcare setting. A record has been defined in Section 97212(u) as any reporting entity's record (hospital ED, hospital AS, freestanding ASC, or hospital inpatient). The current text could be interpreted to allow duplicate reporting of E-codes of an external event causing an injury, poisoning, or adverse effect.

NECESSITY FOR THE CHANGE

The text revision is needed to prevent duplicate reporting of E-codes of an external event causing an injury, poisoning, or adverse effect. The text revision will improve the quality and integrity of the data by reducing the possible over-reporting of E-codes and by clarifying that if the E-code was previously reported by a reporting facility (hospital ED, hospital AS, freestanding ASC, or hospital inpatient site) it is not to be reported again.

CCR Section 97264:

California Health and Safety Code Sections 128735(f), 128736(d), and 128737(d) all state that "Data reporting requirements established by the Office shall be consistent with National Standards, as applicable". During the design of the expanded phase of MIRCAl for Emergency Departments (ED) and Ambulatory Surgery (AS), OSHPD conducted extensive research, studying several alternative national standards for reporting healthcare data. This research led to the selection of a standard used nationwide that most closely resembled the data that OSHPD has been authorized to collect by Sections 128736(d) from ED's and by 128737(d) from AS sites.

The standard selected for the Disposition of Patient data element authorized in both 128736(a)(15) and 128737(a)(15) is derived from the Patient Status Code that is extensively used as a National Standard for inpatient and outpatient claims. This data element has been established by the American National Standards Institute (ANSI) ASC X12N Insurance Subcommittee in the National Electronic Data Interchange Transaction Set Implementation Guide Health Care Service: Data Reporting 837. The Federal Register (Volume 65, Number 160, Thursday August 17, 2000) names the National Uniform Billing Committee (NUBC), as the Designated Standard Maintenance Organization (DSMO) and the Data Content Committee responsible for the content of this data element.

NUBC is authorized to make changes to the non-medical code set (including the Patient Status Codes that OSHPD has used in the regulatory process to adopt in its May 2005 regulations). In the present case, changes were adopted as a result of discussions at the February and May 2005 meetings of NUBC and published in their minutes - available from the NUBC website at <http://www.nubc.org/become.html>.

OSHPD, having adopted the Patient Status Code as the National Standard most closely matching the mandated Disposition of Patient data element, and having established this

National Standard as part of the adoption of its Patient Data Reporting Requirements regulations for Ambulatory Surgery and Emergency Department data in May 2005, is now obligated to maintain its regulations such that relevant changes made by NUBC are adopted promptly.

As an adopting agency, OSHPD has no discretion in content of a data element and should maintain conformity with the National Standard. Several subsections that are included in this update package are included for reasons of conformity with changes that have already been adopted by healthcare and therefore data providers.

CCR Section 97264(c):

SPECIFIC PURPOSE OF THE CHANGE

The purpose of this change is to bring OSHPD's requirements back into conformity with the National Standard code description that was updated by the National Uniform Billing Committee (NUBC). NUBC is the designated standard maintenance organization (DSMO) for this data element.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed text update brings OSHPD's requirements back into conformity with the updated text that resulted from the NUBC meeting February 22-23, 2005. The disposition code description "Discharged/Transferred to a skilled nursing facility (SNF) with Medicare certification" was augmented with the phrase "in anticipation of covered skilled care" and was effective immediately.

NECESSITY FOR THE CHANGE

The update has already been made by healthcare providers to encounter and billing data that were captured internally, used on claims, and allowed, but not required, to be submitted to MIRCal after February 23, 2005. OSHPD must update its regulation text and requirements to remain in conformity with the National Standard description as specified by NUBC.

CCR Section 97264(e):

SPECIFIC PURPOSE OF THE CHANGE

The purpose of this change is to bring OSHPD's requirements back into conformity with the National Standard code description that was updated by the National Uniform Billing Committee (NUBC). NUBC is the designated standard maintenance organization (DSMO) for this data element.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed text update brings OSHPD requirements back into conformity with the updated text that resulted from the NUBC meeting on February 22-23, 2005. The disposition code description revision: "Discharged/Transferred to another type of institution not defined elsewhere in this code list" was effective immediately.

NECESSITY FOR THE CHANGE

The update has already been made by healthcare providers to encounter and billing data that were captured internally, used on claims, and allowed, but not required, to be submitted to MIRCal after February 23, 2005. OSHPD must update its regulation text and requirements to remain in conformity with the National Standard description as specified by NUBC.

CCR Section 97264(f):

SPECIFIC PURPOSE OF THE CHANGE

The purpose of this change is to bring OSHPD's requirements back into conformity with the National Standard code description that was updated by the National Uniform Billing Committee (NUBC). NUBC is the designated standard maintenance organization (DSMO) for this data element.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed text update brings OSHPD's requirements back into conformity with the updated text that resulted from the NUBC meeting on February 22-23, 2005. The disposition code description "Discharged/Transferred to home under care of an organized home health service organization" was augmented with the phrase "in anticipation of covered skilled care" and was effective immediately.

NECESSITY FOR THE CHANGE

The update has already been made by healthcare providers to encounter and billing data that were captured internally, used on claims, and allowed, but not required, to be submitted to MIRCal after February 23, 2005. OSHPD must update its regulation text and requirements to remain in conformity with the National Standard description as specified by NUBC.

CCR Section 97264(h):

SPECIFIC PURPOSE OF THE CHANGE

The purpose of this change is to bring OSHPD's requirements back into conformity with the National Standard code description that was updated by the National Uniform Billing Committee (NUBC). NUBC is the designated standard maintenance organization (DSMO) for this data element.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The proposed text update brings OSHPD requirements back into conformity with the updated text that resulted from the NUBC meeting on February 22-23, 2005. The disposition code and description "Discharged/Transferred to home under care of a Home Intravenous (IV) provider" were deleted, effective for services on or after October 1, 2005.

NECESSITY FOR THE CHANGE

The update has already been made by healthcare providers to encounter and billing data that were captured internally, used on claims, and allowed, but not required, to be submitted to MIRCal after October 1, 2005. OSHPD must update its regulation text and requirements to remain in conformity with the National Standard description as specified by NUBC.

CCR Section 97264(i),(j),(k),(l),(m),(n),(o),(p), and (q)

SPECIFIC PURPOSE OF THE CHANGE

Following the deletion of the existing code and description in subsection (h), subsequent descriptions are moved and the subsections re-alphabetized. No text changes were made to any of these subsections.

WHAT THE PROPOSED REGULATORY CHANGE DOES

Following the deletion of the description in (h), subsequent code descriptions are moved and re-alphabetized.

NECESSITY FOR THE CHANGE

Deletion of a code and its description in Section 97264(h) necessitates the re-alphabetization of subsequent subsections.

CCR Section 97264(q)

SPECIFIC PURPOSE OF THE CHANGE

The purpose of this change is to add a new disposition code description in the available subsection (q) to maintain OSHPD requirements in conformity with the National Standard description that was updated by NUBC. NUBC is the DSMO for this data element.

WHAT THE PROPOSED REGULATORY CHANGE DOES

The code and description "Discharged/Transferred to a Critical Access Hospital (CAH)" were added effective with January 1, 2006 data. This text change was made as a result of committee action at the National Uniform Billing Committee (NUBC) meeting on May 11-12, 2005.

NECESSITY FOR THE CHANGE

The update has already been made by healthcare providers to encounter and billing data that were captured internally, used on claims, and allowed, but not required, to be submitted to MIRCal on or after January 1, 2006. OSHPD must update its regulation text and requirements to remain in conformity with the National Standard description as specified by NUBC.

CCR Section 97266(a):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection is proposed to specify how and when freestanding licensed ambulatory centers as defined in CCR Section 97212(m) will be notified of the annual special fee assessment established by CCR Section 90417 pursuant to Health and Safety Code Section 127280.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This new subsection describes the notice that freestanding licensed ambulatory centers will receive related to the amount and due date of the annual special fee assessment.

NECESSITY FOR THE CHANGE

Freestanding licensed ambulatory centers need to be informed of the requirements of the annual special fee assessment in order to comply with them.

CCR Section 97266(b):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection is proposed to clarify that reporting facilities that have no encounters in the previous calendar year are not liable for the current year special fee assessment.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This new subsection clarifies fee requirements and informs inactive or newly licensed freestanding ambulatory centers of the circumstances wherein they are not liable for the annual special fee assessment.

NECESSITY FOR THE CHANGE

Freestanding ambulatory centers need to be informed of when they are not liable for the annual special fee assessment.

CCR Section 97266(c):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection is proposed to clarify how reporting facilities that have been operating for less than 12 months in the previous calendar year will be assessed the special fee.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This new subsection clarifies that facilities that have been operating for less than 12 months in the previous calendar year are liable for the special fee based on the number of ambulatory surgery data records submitted to OSHPD for encounters during the period of their licensed operations in the previous calendar year.

NECESSITY FOR THE CHANGE

Freestanding ambulatory centers need to be informed of the basis of their annual special fee assessment when there is less than 12 months of operations in the previous calendar year.

CCR Section 97266(d):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection is proposed to specify which licensee is responsible for the annual special assessment fee in the event of a reporting facility's change of licensee.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This new subsection establishes that a licensee is responsible for the fee until the license expiration date and that the new licensee is responsible for the fee beginning with the first date of licensure and all subsequent days in the calendar year. The basis for both such fees is the number of ambulatory surgery data records submitted to OSHPD for encounters that occurred during each period of licensure.

NECESSITY FOR THE CHANGE

Freestanding licensed ambulatory surgery centers may change licensee during a calendar year. This new subsection is needed to establish responsibilities and to specify the basis for both licensees' responsibilities for the fee in the event of a change of licensee.

CCR Section 97266(e):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection states that OSHPD shall determine the basis of assessment of special fee amounts due from freestanding licensed ambulatory surgery centers in circumstances not specifically covered in this section.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This new subsection allows OSHPD to determine the amount of the assessment when there are special licensing, operating, or other circumstances that prevent application of standard assessment rules.

NECESSITY FOR THE CHANGE

Circumstances may occur for freestanding licensed ambulatory surgery centers that are not covered by the standard fee assessment rules. This subsection is needed to allow OSHPD to determine fees in those cases.

CCR Section 97266(f):

SPECIFIC PURPOSE OF THE CHANGE

This new subsection states that OSHPD shall notify the California State Department of Health Services (DHS) of a delinquency in special fees due to OSHPD from a freestanding licensed ambulatory surgery center. Such determination and notification is intended to halt issuance or renewal of a license to a delinquent licensee until the fees are paid.

WHAT THE PROPOSED REGULATORY CHANGE DOES

This new subsection establishes formal communication between OSHPD, DHS, and the affected freestanding licensed ambulatory surgery center for purposes of enforcing laws and regulations. It also cites Health and Safety Code Section 127280 specifying that the license may be in jeopardy if OSHPD determines that the facility is delinquent in paying special fees due to OSHPD.

NECESSITY FOR THE CHANGE

Sanctions aid enforcement of laws and regulations related to reporting facilities that are delinquent in paying properly assessed special fees. Communication between departments authorized to assess/collect fees and issue/renew licenses is needed to apply such sanctions.